



Vision Benefits Summary

Open Access Signature Plan B, \$10/\$25 copay

The VSP Signature Plan is a premier full-service plan that offers choice, flexibility, and maximum value through a VSP Network Provider.

Your Coverage with a VSP Network Doctor:

WellVision Exam® focuses on your eye health and overall wellness - **\$10.00 copay**.....**every 12 months**

Prescription Glasses - \$25.00 copay

Lenses.....**every 12 months**

• Single vision, lined bifocal and lined trifocal lenses. • Polycarbonate lenses for dependent children

Frame.....**every 24 months**

• \$175 (\$200 effective 1/1/2023) allowance for frame of your choice. • 20% savings on the amount over your allowance

~OR~

Contact Lens Care - \$60 copay applies to the fitting and evaluation.....**every 12 months**

• \$175 (\$200 effective 1/1/2023) Materials allowance • Medically necessary covered in full

Lightcare Enhancement.....**every 24 months**

With VSP LightCare, members now have the flexibility to use their existing frame allowance for ready-to-wear, non-prescription blue-light filtering glasses or non-prescription sunglasses (instead of prescription eyewear).

Low Vision Benefits and VSP Diabetic Eyecare ProgramSM are also included.

Extra Discounts and Savings:

Glasses and Sunglasses

•Average 35% - 40% savings on all non-covered lens enhancements

Lens Enhancement	Single Vision	Multifocal
Anti-reflective coating	\$37	\$37
Polycarbonate	\$23	\$28
Progressive	N/A	\$0
Photochromic	\$62	\$76
Scratch –resistant coating	\$15	\$15

Prices above reflect standard lens enhancement selections; premium or custom lens enhancements may also be available at an additional cost.

•30% savings on additional glasses and sunglasses, including lens enhancements, from the same VSP network doctor on the same day as your WellVision Exam. Or get 20% savings from any VSP network doctor within 12 months of your last WellVision Exam

Contacts

•15% savings on the cost of contact lens exam (fitting and evaluation)

Laser Vision Correction

We have negotiated special pricing with participating centers, which can add up to hundreds of dollars in savings for VSP members. Visit vsp.com for more details.

Out-of-network Benefits

While 95% of our members choose a VSP network doctor to maximize their benefits, you can choose to see an out-of-network provider, including national or local retail chains. However, your coverage with out-of-network providers is less than when you see a VSP network doctor. If you decide to see an out-of-network provider, review your benefits at vsp.com. You may also use an affiliate provider at Costco®/Sam's Club®/Walmart®. Affiliate providers are considered an out-of-network provider. Though services will be reimbursed at the Open Access Reimbursement Schedule (below), Affiliate providers can submit claims on your behalf directly to VSP.

Open Access Reimbursement Schedule:

Single-vision lenses \$50.00	Bifocal lenses \$75.00	Trifocal lenses \$100.00
Lenticular lenses \$125.00	Progressive lenses \$75.00	Frame \$70.00 Costco® / Sam's Club® / Walmart® \$110
Contact Lenses: \$105.00	Necessary Contact lenses \$210.00	Exam \$50.00

Visit vsp.com to find a VSP network doctor, for details on your vision benefit and for exclusive member-only savings

Serviced by: **DentalandVisionIns.com** **Wolfpack Insurance Services, Inc.**

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